

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Patricia Atkins-Payne	COURT CASE NUMBER	17-CV-2985 (ENV)(RML)
DEFENDANT	Lieutenant McLaughlin; et. al.	TYPE OF PROCESS	Order, Summons, Complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Police Officer Rodriguez c/o New York City Police Department ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1 Police Plaza, New York, NY 10007		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	3
<div style="border: 1px solid black; padding: 5px;"> Patricia Atkins-Payne 861 E. 46th Street Brooklyn, NY 11203 </div>		Number of parties to be served in this case	3
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**FILED**  
IN CLERK'S OFFICE  
US DISTRICT COURT E.D.N.Y.

Fold

★ SEP 17 2018 ★

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

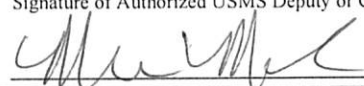
TELEPHONE NUMBER

(718) 613-2610

DATE

8/24/18

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>3</u>	District of Origin No. <u>53</u>	District to Serve No. <u>53</u>	Signature of Authorized USMS Deputy or Clerk 	Date <u>8/24/18</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

P.O. Toscano, NYPD☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date <u>8/29/2018</u>	Time <u>3:36</u>	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
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Signature of U.S. Marshal or Deputy

J. Mooney 30024

Service Fee <u>\$130.00</u>	Total Mileage Charges including endeavors <u>\$5.40</u>	Forwarding Fee <u>—</u>	Total Charges <u>\$135.40</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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REMARKS:

## PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00